

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Friends of Jim Bridenstine Inc.

Full Name (Last, First, Middle Initial)

A. Allen Simon

Mailing Address 1383 N Criss St

City

Chandler

State

AZ

Zip Code

85226-1307

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : SA11Ai-CN7154

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

B. Michael Scot Smith

Mailing Address 9269 E 119th St S

City

Bixby

State

OK

Zip Code

74008-1857

FEC ID number of contributing federal political committee.

C

Name of Employer

Premier Advisor Group

Occupation

Financial Advisor

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

555

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		14		2014

Transaction ID : SA11Ai-CN6894

Amount of Each Receipt this Period

555

Full Name (Last, First, Middle Initial)

C. Neal Snebold MD

Mailing Address 26 Mount Pleasant St

City

Winchester

State

MA

Zip Code

01890-3043

FEC ID number of contributing federal political committee.

C

Name of Employer

EYE HEALTH SERVICES

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		23		2014

Transaction ID : SA11Ai-CN7755

Amount of Each Receipt this Period

200

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1005.00